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ABSTRACT

Adolescence has often been construed as a difficult period in life, consisting of storm and stress. It is estimated that 25-50% of adolescents engage in risk behaviors with negative health and behavior outcomes such as drug abuse, unwanted pregnancy, or sexually transmitted disease. Topics covered in this literature review are: (1) child maltreatment; (2) substance abuse (tobacco, alcohol, and drugs); (3) delinquency (truancy, vandalism, theft, violence, and correlates of delinquency); (4) sexually transmitted diseases; and (5) suicide. Due to the paucity of literature regarding parent attitudes towards adolescent problems, the subject is covered only in limited fashion. Following this is a discussion of adolescent attitudes toward problem behaviors. There is a growing concern that teens need to be aware of interventions available to them. However, there is little knowledge of adolescents' perceptions of these problems. Although education can teach teens what support is available, teens will not seek help if they, themselves, do not perceive a problem. More research is needed to survey adolescent attitudes toward the various high-risk behaviors, as well as determine how to promote help-seeking behaviors and positive youth development. Contains 154 references. (JBJ)

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Adolescents At-Risk:

A Literature Review of

Problems, Attitudes, and Interventions

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Adolescents At-Risk: A Literature Review of Problems, Attitudes, and Interventions

Adolescence has often been construed as a difficult period in life, consisting of storm and stress. It has been termed a "period of great risk to healthy development" (Takanishi, 1993, p. 86). It is estimated that 25-50% of adolescents engage in risk behaviors with negative health and behavior outcomes such as drug abuse, unwanted pregnancy or sexually transmitted disease (Weissberg, Caplan, and Harwood, 1991). The transition from junior high school to high school is especially troubling for young adolescents (Dubow et al, 1990). During this transition, there is an increase in reporting of several problems such as depression, suicidal thoughts, and substance use (Dubow et al, 1990). Dryfoos (1991) approximated that one in four children, or 7 million children are in need of immediate intensive intervention for high-risk behavior. According to Dryfoos (1991), the majority of the high risk children are White, but when one looks at the percentages of high risk children within each ethnic group, a different picture develops. Fifty-one percent of African-American children are classified as high risk, as compared to 45% of Hispanic children, and 17% of White children.

Many explanations have been offered in an attempt to explain adolescent risk-taking. Perhaps teens do not understand the risks that they are taking. According to this logic, once children understand the facts, they will change their behavior. Or, perhaps adolescents understand, but ignore, or greatly underestimate the likelihood of negative consequences to their behaviors (Quadrel, Fischhoff & Davis, 1993).

Elkind (1967) theorized that adolescents have a unique sense of invulnerability that he called the personal fable. If adolescents are unique in their sense of invulnerability, they should display a greater sense of invulnerability than adults. However, there is little empirical

support for this (Beyth-Marom, Austin, Fischhoff, Palmgren and Quadrel, 1993; Quadrel, Fischhoff and Davis, 1993). Quadrel et al (1993) found that both adults and adolescents tend to perceive greater personal invulnerability when the events considered were perceived as active events (highly controllable). There was no significant difference between adolescents and adults, indicating that adults and teens operate on similarly biased psychological processing, with the tendency to see themselves as more invulnerable than others. (Quadrel et al, 1993).

A few of the problems that place adolescents at risk today are child maltreatment, substance use, delinquency, sexually transmitted diseases, and suicide. It is difficult to individually analyze these behaviors because they often occur in conjunction with one another and are generally interrelated (Takanishi, 1993; Watts & Wright, 1990).

Child Maltreatment

Abuse is prevalent in teens and is often a predictor of other problems. According to Williamson, Borduin, and Howe (1991), there were more then 500,000 cases of adolescent physical and sexual abuse reported in 1986. Official reports are thought to underestimate the actual number of cases of abuse. It must be noted that prevalence research is affected by differences in the definition of abuse. Operational definitions of abuse commonly differ in these areas: the upper age limit for child abuse, the criteria used in defining a given sexual experience as abuse, the inclusion or exclusion of experiences involving age peers, and the use of different criteria for incidents occurring during adolescence (Wyatt & Peters, 1986).

There are many methodological problems associated with studying abuse, such as sampling biases (Widom, 1988), and false negatives (Dempster and Roberts, 1991). Dempster and Roberts (1991) tried to compare sexually abused children (5-17 years old) to matched controls, but sexual

abuse could not be ruled out as a problem for the controls.

Abuse of children and adolescents is very common, and often not identified as such (Berger et al, 1988; West, 1990). For example, Berger et al (1988) surveyed 4,695 undergraduates about their childhood disciplinary experiences. Many subjects had experiences that could be considered abusive, yet these subjects failed to label themselves as abused.

Olsen and Holmes (1986) studied national data on abuse and found that 192,000 12-17 year-olds were reported to have been abused or neglected in 1980. Adolescents represented 42% of all substantiated cases of abuse. Most abused adolescents were White. In this study, 85% of the mothers and 95% if the fathers were reported as the perpetrators. Adolescent abuse is more common in females than males (Erikson & Rapkin, 1991; Miller & Miller, 1986; Olsen & Holmes, 1986; Powers & Eckenrode, 1988; Rosenthal, 1988).

Abused children tend to perceive their families as having poor communication skills, more role confusion, and more general pathological functioning than non-abused children (Hoagwood & Stewart, 1989). Abused females tend to have poor problem solving skills and report more general dysfunction in their families than males.

The long term effects of abuse depend upon several factors such as the frequency and duration of abuse. Sexual abuse involving penetration, force or violence, and a close relationship with the perpetrator is most harmful (Beitchman et al, 1991). After experiencing sexual abuse, adolescents commonly report sexual dissatisfaction, promiscuity, homosexuality, and an increased risk for revictimization (Beitchman et al, 1991). Depression and suicidal ideation are also common (Beitchman et al, 1991; Wozencraft, Wagner, & Pellegrin, 1991), as is low self esteem (Beitchman et al 1991).

Abused adolescents have more problems with vocational/educations goals and their ability to master the environment (Orr and Downed, 1985) Many so-called "acting out" behaviors such as running away, truancy, and substance abuse are reported as sequelae of adolescent sexual abuse (Beitchman et al, 1991; Runtz & Briere, 1986). Abused adolescents are more likely than non-abused to report illicit drug use (Dembo et al, 1989; Erikson & Rapkin, 1991; Kagan, 1991). Like all adolescent problems, it is difficult to separate the outcomes of abuse with those of general family dysfunction, preexisting psychopathology, and stress (Beitchman et al, 1991).

As adults, sexual abuse victims are more likely to report a disrupted marriage, sexual dissatisfaction, and a tendency to be a religious nonpractitioner (Finkelhor, Hotaling, Lewis, & Smith, 1989; McCabe, 1989). They also tend to see sexual abuse as a more common occurrence than non-sexually abused adults (Finkelhor et al, 1989).

Delinquency

A second problem behavior common among adolescents is delinquency; it has been described as a typical developmental phase for many adolescents (DiLalla & Gottesman, 1989). Eighty-eight percent of juveniles commit at least one chargeable offense (Williams and Gold, 1982). In 1986, children under the age of 18 accounted for 15% of all arrests for violent crimes and 33% of all arrests for property crimes (Armistead, Wierson, Forehand, Frame, 1992). Delinquent acts range from mild to severe and include truancy, vandalism, theft, and violence.

Truancy

Truancy, or cutting classes, is common among adolescents. As many as 1 out of 5 high school students cut classes on a weekly basis (Duckworth & DeJung, 1989). Windle (1990) studied a national sample of adolescents (ages 14-15) and found that 39.4% of males and 35.3% of

females reported committing truancy at least once.

The most frequent reasons for truancy cited by adolescents are boredom, and dislike of school and teachers (Sommer, 1985). It is debatable whether misbehavior in class is associated with truancy. According to Sommer (1985), truancy has been associated with highly disruptive classroom behavior. However, Loughrey and Harris (1990) found no relationship when they studied ninth and tenth graders for whom truancy was a problem.

Truancy has been linked with smoking, alcohol and drug use (Swadi, 1989; Windle, 1990). Swadi (1989) studied adolescents 11-17 years old. Twelve percent of his subjects were truant one time per week or more, and truants were three times as likely as non-truants to have tried hard drugs. The truancy rate among adolescents increases with age (Swadi, 1989; Windle & Barnes, 1988).

Vandalism

Vandalism is another common act of delinquency that is prevalent among adolescents. Windle (1990) found that 32% and 13% of 14-15 year old males and females reported engaging in acts of vandalism. Likewise, Farrell et al (1992) surveyed seventh and ninth graders and found that 27% of the male and 13% of the female seventh graders had damaged property, while 25% and 13% of the male and female ninth graders had.

Theft

Like truancy and vandalism, theft is a typical problem for teens today. It is hypothesized that peer pressure, poverty and a lack of respect for property rights contribute to high rates of stealing among adolescents (Baruah, 1989). In Windle's (1990) national sample of 14-15 year old adolescents, 31% of the males and 23% of the females reported shoplifting. Farrell et al (1992)

found that 32% of male and 15% of female seventh graders stole something during the past 30 days, while 27% and 14% of the males and females shoplifted during the past thirty days. Cox et al (1990) studied shoplifting among 7-12 graders, and found that 37% of the subjects reported shoplifting at least once in their life. The percentage of subjects that reported shoplifting rose between seventh and tenth grade, but declined thereafter. More male adolescents tend to report shoplifting (Cox et al, 1990; Farrell, et al 1992; Windle, 1990).

Males and females differ in the type and frequency of delinquent acts that they commit. Males tend to commit more delinquent acts than females, even males from affluent homes (Levine & Singer, 1988). Females, on the other hand, are more prone to escapist behavior (i.e. running away from home.

Violence

By far, the most serious form of delinquency that many teens are involved in is violence. Homicide is the second leading cause of death of adolescents across all age groups and ethnic groups in the USA (Rodriguez, 1990). There are gender and ethnic differences in the prevalence rates for fatal violence among adolescents. African American males are at the greatest risk; between 1978 and 1988, homicide has been the primary cause of death for both male and female African Americans between the ages of 15-34 (Hammond & Yung, 1993). Hispanic males are the second highest in terms of risk; the rate of fatal violence among Hispanic males is three times that of White males. In general, adolescent males tend to have more serious and frequent injuries than females (Harlow 1989).

Adolescents from impoverished urban communities are at high risk for involvement with serious delinquency (Greenwood, 1992). Teens are at highest risk for violence involving loss of

control, usually with family, friends, or acquaintances (Hammond & Yung, 1993). Urban adolescents engage in more fighting, weapon carrying, and witness more violence than other adolescents (Menacher, Weldon & Hurwitz, 1990).

Sheley, McGee & Wright (1992) surveyed gun related violence among inner city schools in which 75% of the students were African American. Twenty percent of the subjects reported being threatened with a gun and 12% reported having shots fired at them at least once. Fifty percent of males and 26% of the females in Windle's (1990) sample of 14 and 15 year-old adolescents reported being involved in a fight at school or work. Forty-seven percent of males and 31% of the females reported having threatened to hit someone else, and 14% of the males and 7% of the females studied reported physically attacking someone with the intent to injure or kill. Farrell et al (1992) surveyed adolescents; 19% and 6% of the seventh grade males and females reported having threatened someone with a weapon during the past thirty days.

Correlates of Delinquency

Certain adolescent behaviors incase the risk of violence. Interestingly delinquents, themselves, experience the highest rates of robbery, victimization and assault (Lauritsen, Laub, Sampson, 1992). As teens age, they tend to commit more delinquent acts; this is true for both males and females (Windle and Barnes, 1988). The extent of delinquency and the severity is associated with age of onset (Tolan, 1987). Tolan (1987) found that subjects with an early age of onset of delinquency reported more delinquent behavior and were more likely to be abjudicated. Delinquency is also more common in males; Levine and Singer (1988) studied affluent youth and found that males reported more than twice the delinquency than females.

Family conflict has been recognized as a predictor of delinquency (Downs & Robertson,

1991), while family cohesion and the ability of a family to support each other is related to a lower level of delinquency in teens (Tolan, 1980; Blaske, Borduin, Henggeler, & Mann, 1989). Households with single parents or step-parents produce adolescents under a greater risk for involvement in delinquency than other family structures (Steinberg, 1987).

Delinquency is associated with a history of abuse (Dembo et al, 1991; Smith, 1988; Beitchman et al, 1991; Runtz & Briere, 1986). Dembo, et al (1991) studied adolescents at a detention center and found that 54% reported they were "beaten or hit with a whip, strap or belt" as a child, while 41% reported being "beaten or really hurt" as a child. Sexual victimization was also commonly reported, 30% of the youths (N=201) studied reported sexually abused (60% female and 20% male), although it must be noted that many subjects refused to talk about these incidents, so the reported rates are lower than the actual. Smith (1988) found that serious delinquency to be correlated with violence and abuse in the adolescent's family, including those cases in which the adolescent was not directly involved in the violence or abuse. Although abuse plays a role in delinquency, it is arguable whether parental neglect contributes to delinquency. Simons, Robertson & Downs (1989) found a connection, but Henggler, McKee & Bourduin (1989) failed to find any substantial link between parental neglect and delinquency.

Engaging in delinquent behaviors has been associated with smoking (Farrell, Danish & Howard, 1992; Watts & Wright, 1990; Windle, 1990), sexual activity (White & DeBlassie, 1992; Farrell, Danish & Howard, 1992), school failure (Hinshaw 1992), internalizing problems and psychotic behavior (Armistead, Wierson, Forehand, & Frame, 1992), risk taking (Levine & Singer, 1988; White and DeBlassie, 1992) and alcohol and substance use (Dawkins & Dawkins, 1983; Dembo et al, 1991; Kandel, Simcha-Fagen & Davies, 1986; Watts and Wright, 1990; Windle,

1990). Delinquency has also been associated with life stress (Tolan, 1988).

Watts and Wright (1990) examined the relationship of drug use and delinquency among White, Mexican-American, and Black male high school students and inmates of a maximum security facility for violent and repeat offenders. Alcohol, tobacco, and illegal drug use were all associated with minor and violent delinquency for all three groups. The frequent use of illegal drugs was the best predictor of violence for all three racial groups. Delinquents are more likely to use and abuse a variety of substances (Watts & Wright, 1990).

Substance Use

Tobacco

Like delinquency and abuse, adolescent smoking, alcohol and substance use is a serious health problem. It is estimated that over 8% of high school seniors smoke daily (Miller & Slap, 1989). Farrell et al (1992) surveyed 7th graders and found that 23% males and 22% females had smoked in past 30 days. Peers are influential in the initiation of smoking (Stanton and Silva, 1992; Botvin, Baker, Goldberg, Dusenbury, 1992; Van Roosmalen & McDaniel, 1992). Smoking is more common among adolescent females than males (McGee & Stanton, 1993; McNeil et al, 1989; Sutton, 1992; Zabin et al, 1986).

Watts and Wright (1990) hypothesize that tobacco is a gateway drug, often started to battle boredom. They hypothesize that it may interfere with developing other more appropriate ways of fighting boredom. Smith and Caldwell (1989) found adolescent smoking to be related to a perception of leisure time as having produced boredom, a feeling of low competence and less challenge.

Prior experimentation with smoking is a strong predictor of future use (Eiser et al, 1989),

as is experimentation with sex and alcohol (McNeil et al, 1989). Teens that have a boy or girl friend are at higher risk to initiate smoking (McNeil et al, 1989). The influence of parents on teen smoking is debatable. Eiser, Morgan, Gamage and Grey (1989) found that parental opposition to smoking was a better predictor of future smoking intentions than actual parental behavior, although McNeil et al (1989) found that parental attitudes and behavior did not affect teens usage.

Alcohol

Alcohol use among adolescents has become a serious health problem. In Farrell et al's (1992) sample of 7th graders, 17% of the boys and 11% of the girls, while 21% and 16% of the male and female ninth graders reported being drunk within the past thirty days. Windle (1990) studied a national sample of 1,254 and 1,157 male and female adolescents. Forty-seven percent and 44% males and females reported that they consume alcohol without parental permission.

Although males and females have a similar overall proportion of drinkers, males are more likely to engage in heavier drinking (Barnes & Welte, 1986; Windle & Barnes, 1988). The consumption of alcohol increases with age for both males and females (Windle & Barnes, 1988). Alcohol consumption among adolescent "best-friends" correlates closely. For example, female friends mirror one another in alcohol consumption (Windle & Barnes, 1988). Peer drinking influences adolescent drinking by shaping their norms on drinking, preferences, and expected consequences (Ennett & Bauman, 1991).

Alcohol abuse has been linked with depression (Deykin, Levy, & Wells, 1987; Windle & Barnes, 1988). Female adolescents with a history of alcohol abuse are more than six times as likely to have experienced a major depression than females who do not report a problem with alcohol abuse, whereas male adolescents are three times as likely to have experienced a depression

(Deykin et al, 1987).

Drugs

Like alcohol, drug use has grown to become a substantial health problem among adolescents. Windle (1990) found that 23% of both the males and females smoked marijuana at least once. Farrell et al (1992) found that 9% and 6% of males and females seventh graders had used marijuana during the past thirty days, while 7% of each sex reported using other drugs. Of the 9th graders, 15% and 9% of the males and females had used marijuana during the past thirty days, and 6% and 5% reported using other drugs.

Adolescents from impoverished urban communities are at high risk for involvement in drug use (Greenwood, 1992). African-American adolescents report lower levels of substance use than White or Hispanic adolescents (Barnes & Welte, 1986; Windle, 1990; Oetting & Beauvais, 1990). No gender difference exists for substance use (Levine and Singer, 1988). The influence of peers tends to increase once an adolescent starts using drugs (Halebsky, 1987). Associating with drug using peers is a strong predicator of drug use (Hawkins, Lishner, Catalano, 1985).

The adolescent's perception of family cohesion is related to substance use (Smart, Chibucos & Didler, 1990) Open communication with a parent is negatively correlated with substance use (Kafka & London, 1991). Parental conflict in child rearing practices, inconsistent discipline, restrictive discipline, and maternal rejection is associated with adolescent substance use (Vicary, Lerner, 1986). Adolescents in single parent homes are at higher risk for experimentation with smoking, alcohol, and drugs (Turner, Irwin, Millstein, 1991). Parental substance use and attitude towards substance use is positively correlated with that of adolescents (Halebsky 1987).

Substance use is associated with delinquency (Dawkins & Dawkins, 1983; Dembo et al

1991; Farrell et al 1992; Inciardi & Potteiger, 1991; Watts & Wright, 1990; Windle 1990) such that adolescent delinquency is a predictor of later drug use (Hawkins et al, 1985). Substance use is associated with violence (Lester, 1986; Windle, 1990), stealing (Combs et al, 1988; Windle 1990), and truancy (Windle, 1990). Substance use is related to a history of abuse (Beitchman et al, 1991; Runtz & Briere, 1986). Substance use has been linked with depression and suicide (Kleinman Wish, Deren & Rainone, 1986; Levine & Singer, 1988). Farrell et al (1992) studied seventh and ninth graders, and found that smoking, alcohol use, drug use, and delinquency are correlated with one another. This supports the notion that many problems of adolescence are interrelated. Kleinman et al (1988) concur that delinquency and substance use are elements of a large group of interrelated problems. Likewise, Donovan, Jessor and Costa (1988) found an correlation between substance use (occluding alcohol), delinquency and precocious sex in 11th and 12th graders.

Sexually Transmitted Disease

Risk taking is an important commonality between delinquency and substance use (Levine & Singer, 1988). The same general factors that predict delinquency and drug use are also predictors of the initiation of sexual behavior (Levine and Singer, 1988). Sex may be a way of expressing adolescents' general desire to engage in risk behavior (White and Deblassie, 1992). Farrell et al (1992) surveyed adolescents and found that 59% of the male and 31% of the female seventh graders have had sex, while 64% of the male and 43% of the female ninth graders have had sex. Because of their sexual practices, adolescents are at high risk for contracting the HIV virus, which leads to the development of AIDS (Millstein, 1990). HIV has increasingly affected adolescents, whom were initially not considered at risk (DiClemente, 1991). It is estimated that 1 in 7 teens in

the U.S. may have a sexually transmitted disease (Quadrel, Fischhoff & Davis, 1993).

In general, African-American adolescents tend to have sex at younger ages than White adolescents (Brooks-Gunn & Furstenburg, 1989). Leland & Barth (1992) found that females were more likely to have more frequent sex. However, they are more likely to have discussed sexuality topics with their parents. Further supporting the interrelation of many adolescent problems, risky sexual practices (or risk for sexually transmitted disease) has been correlated with antisocial behavior, smoking, and substance use (Biglan, Metzler, Wirt & Ary, 1990; White & DelBlassie, 1992; Zabin, Hardy, Smith & Hirsch, 1986). Ross (1988) studied adolescents aged 16 and older and found that those who reported drug use were less likely to have much knowledge about safe sex practices and sexually transmitted diseases.

Suicide

Suicide is another interrelated problem in adolescence. Suicide is the third leading cause of death for adolescents between the ages of fifteen and twenty-four. (U. S. Bureau of the Census, 1992). There are almost 500,000 attempts made each year, and 5,000 successful suicides within this age bracket. In 1988, 2,059 adolescents between the ages of 15-18 committed suicide (National Center for Health Statistics, 1991). Since 1957, the suicide rate for 15-24 year-olds has more than tripled, the largest increase has been between the ages of fifteen and nineteen, a 312% increase (Berman & Jobbs, 1991). Official suicide rates tend to underestimate the actual number of suicides each year because often, on the death certificate, suicide is not listed as the cause of death (Berman & Jobbs, 1991). There is also a tendency to underreport because of religious and insurance implications (Garland & Zigler, 1993).

Youth suicides are higher among Whites than African-Americans (Berman & Jobbs, 1991;

McIntosh, 1989; U.S. Bureau of the Census, 1992). Over the past twenty years, the rate for White adolescent males has increased more dramatically than that of African-American adolescent males (Berman & Jobbs, 1991). African Americans are at a higher risk for depression, which often leads to suicidal ideation (Fleming and Offord, 1990). Although at risk, depression rates among African Americans are typically lower than those of Whites (Nettles and Pleck, 1993). However, Hammen (1991) found no evidence for a difference in the occurrence of depression among Whites and African-Americans. Hispanic high school students show greater suicidal ideation than African-American high school students (Lester & Anderson, 1992). This may be due to problems in acculturation and language (Heacock, 1990). In Hispanic females, suicide attempts are usually impulsive and nonlethal. The parents of attempters tend to be born outside of the U. S. (Razin et al, 1991).

Suicide ideation is found more frequently than actual attempts. Choquet and Menke (1990) interviewed 1,601 adolescents (aged 13-16) and found that 14% of the boys and 23% of the girls had already thought about suicide. 5% and 10% respectively said they had thought about it frequently. Similarly, in a study of 116 junior high school students, 1 out of 5 had contemplated suicide (Domino et al., 1986-87) .

Depression is most closely associated with suicide ideation (Bettes & Walker, 1986; Herring, 1990; Kandel et al, 1991; Lester & Miller, 1990; Neiger & Hopkins, 198; Nelson & Crawford, 1990; Rubenstein et al, 1989; Simonds et al, 1991; Wodarsky & Harris, 1987). Other factors associated with suicide attempts include female gender, (Hickman, 1984; Klerman, 1987; Rich et al, 1992; Simons & Murphy, 1985; Wodarsky and Harris, 1987), a recent stressful life event (Conrad, 1992; Kandel et al, 1991; Klerman, 1987; Rubenstein et al, 1989; Simons and

Murphy, 1991), availability of methods of low lethality (Klerman, 1987; Razin et al, 1991), impulsivity (Hoberman & Garfinkel, 1990; Klerman, 1987), hopelessness (Rich et al, 1992; Simonds, McMahon & Armstrong, 1991; Wodarsky and Harris, 1987), previous attempts (Klerman, 1987; Neiger & Hopkins, 1988), involvement in delinquent behavior (Choquet & Menke, 1990; Kandel et al, 1991; Simonds & Murphy, 1985), and eating disorders (Kandel, Raveis, & Davies, 1991). A history of abuse, both physical and sexual, and parental neglect has also been linked to suicide ideation (Husain, 1990; Kosky, 1983; Shafii et al, 1985).

Risk factors for successful suicide attempts include male gender (Klerman, 1987; Wodarsky & Harris, 1987), a family history of suicide (Klerman, 1987), psychiatric disorders (Hoberman & Garfinkel, 1988; Klerman, 1987), poor relationships with parents and family (Husain, 1990, Kandel et al, 1991; Miller et al, 1992; Neiger & Hopkins, 1988; Nelson and Crawford, 1990) and a lack of social interaction (Kandel et al, 1991). Adolescent substance use is closely associated with suicidal behavior (Adcock et al, 1991; Choquet & Menke, 1990; Herring, 1990; Hoberman & Garfinkel, 1988; McHenry, Tishler & Kelley, 1983; Neiger & Hopins, 1988).

Knowing someone who has attempted suicide may increase an adolescent's risk of attempting suicide (Conrad, 1992). In a study of 225 female and 248 male 11th and 12th graders, 23% reported some kind of self inflicted injurious behavior. 75% of those reporting self injurious behavior knew someone who had attempted suicide. 93% of subjects reporting suicide attempts knew a suicide attempter (Conrad, 1992).

Parental Attitudes Regarding Adolescent Problems

Parental attitudes towards adolescent problems are important because parents are the primary socializing agents of children. Their attitudes towards particular problems may influence

those of their adolescent children. Unfortunately there is little information available on parental attitudes towards many adolescent problems.

Hubbard (1989) evaluated parental perceptions of abuse in mothers whose daughters were sexually abused by their father or father figure. Most commonly, the mothers denied the incident; these women felt turmoil in life long after the disclosure of abuse. Mothers felt that they were unable to protect their daughters or reconstruct family life after the incest was disclosed. The mother's ability to believe the abuse was affected by the age of the child, nature of the abuse, presence of the mother in the home during the abuse, relationship of the child to the offender, prior physical abuse of the child, and alcohol abuse by the offender (Sirles & Franke, 1989). These factors contributed to a mother's conclusion regarding the reported abuse and whether to believe it.

Parents of sexually abused children have a difficult time dealing with their own reactions to the assault and caring for their children (Regehr, 1990). They tend to feel guilty, as if they've failed as parents. They also feel guilty about their ambivalent feelings toward the child, ambivalent feelings toward the offender and concerns about the judicial process. Parents agree that suicide is another serious problem for adolescents today (Schepp & Biocca, 1991). They tend to view the loss of family cohesiveness as playing a significant role in adolescent suicide (Tolor, 1986). Due to the paucity of literature regarding parental attitudes towards adolescent problems, I am currently unable to discuss parental attitudes toward adolescent substance use, delinquency, or sexually transmitted diseases.

Adolescent Attitudes Toward Problem Behaviors

Regardless of the quality of interventions available, most disturbed adolescents do not get the help that they need (Dubow et al, 1990). McGee et al (1990) found that adolescents rarely seek help for themselves. It is estimated that at least 50% of adolescents across all grade levels are unaware of the helping agencies available to them (Dubow et al 1990). Dubow et al (1990) studied the adolescents' perceptions of health concerns and helping agents. Adolescents were asked to rate their three most pressing concerns; 11% reported depression, 10% reported alcohol use, 7% reported drug use, and 6% reported suicidal thoughts as ranking within their top three health concerns. Approximately two thirds of the adolescents experiencing one of these problems as among their top three concerns did not seek help for the problem.

Four barriers to help seeking were consistently endorsed by the troubled adolescents (Dubow et al., 1990). Many felt that no one would be able to help them with their problem. Other adolescents felt that their problem was too personal to talk about. Teens also reported concerns with the confidentiality of the various helping agencies and services available. Approximately 75% of the adolescents experiencing a "problem" felt that they could handle the problem on their own. Kellam et al (1981) found it is the characteristics of the person offering help that influences whether the adolescent will accept it, and not the level of emotional disturbance in the subject.

Levine and Singer (1988) assessed whom do adolescents turn to for help for problems with alcohol or drugs. 84% said they would turn to friend for help, 66% would turn to a sibling, 41% reported their fathers, and 55% reported their mothers. Females were more likely to seek help from others. Adolescents who did not commit a delinquent act during the previous year were more likely to report that they would turn to others for help than those that had committed a delinquent

act. Infrequent substance users were more likely than frequent users to seek help from parents, school nurse, and counselors. Frequent users of substances were more likely to seek help from friends and siblings. Likewise, delinquents are more likely to seek help from friends than non-delinquents (Giordano, Cernkovick & Pugh, 1986).

Sauzier (1989) studied 156 sexually abused children (mean age of 10 years). 55% disclosed the abuse to their mothers. The subjects' ability to tell of the abuse was influenced by the characteristics of the experience. In children, disclosure tends to be associated with the caretaker's attitude towards the possibility of abuse (Lawson & Chaffin, 1992). Children whose caretakers accepted the possibility disclosed at a rate 3.5 times that of those whose caretakers denied any possibility.

Although many studies assess the presence or absence of particular health concerns, they do not provide information on the degree to which the problems distress adolescents (Dubow, Lovko, Kausch, 1990). Dubow et al (1990) concluded that future studies should focus on the adolescent's perceived distress and indicate whether the adolescent perceives a need for help. Nearly half of Duckworth and DeJung's (1989) sample of 5,799 urban high school students reported an uninhibited attitude regarding cutting classes. Loughrey and Harris (1990) studied 138 9th and 10th graders for whom truancy was a problem. Interestingly, the teens tended to take responsibility for their poor performance, and were disappointed in their grades. They also claimed to care about their grades and liked some of their classes. Surprisingly, they reported that they believed that school was important to their future jobs and parental pressure helped to keep them in school.

Adolescents who smoke (ages 14-18) perceived less personal risk, less severe health consequences, greater benefits relative to risks, and found it difficult to picture bad consequences

to themselves, and perceived smoking to be less avoidable (Virgili, Owen, Severson, 1991). Adolescents do not think of smoking as an important health issue (Sobal, 1987).

According to Sobal (1987) substance use is an issue of little concern to adolescents. Likewise, Feldman et al (1986) studied adolescents and found that 49% of their sample used alcohol, but only 1% of the students were worried "some or alot " about their alcohol use. Adolescents of alcohol abusing parents reported expecting more cognitive and motor enhancement from drinking than adolescents without family history of abuse (Brown, Creamer, Stetson, 1987).

Siegelman, Gurstell, and Stewart (1992) found that in their sample, with age, the students perceived drinking problems as less serious and were less likely to attribute it to moral weakness. The adolescents emphasized the person's own responsibility for solving the alcohol problem. Males were more likely than females to normalize and tolerate problem drinking. Teenagers assume that by early adolescence most boys will be sexually active (Stanton et al 1993). Stanton et al (1993) reported that aids was consistently regarded by both males and females to be severe, but they perceived themselves as invulnerable to the disease. According to Sobal (1987), sexually transmitted disease was a low concern issue to adolescents.

Norton et al (1989) studied 120 high school students and found that most expressed negative attitudes toward peers who attempt or commit suicide. They were generally unable to respond sensitively and appropriately to their peers. Actually knowing someone who had attempted suicide sensitized subjects to it (Overholser et al, 1989). Males were more likely to lack knowledge of suicidal behavior and have negative attitudes toward suicidal peers than females (Overholser et al. 1989).

Intervention

There is a growing recognition that many problems of adolescence are interrelated (Takanishi, 1993). Therefore, the focus is shifting from solving single problems to advancing the general health of adolescents and decreasing the prevalence of risk behaviors (Takanishi, 1993). Dryfoos (1990) argued that because of the interrelatedness of the various problems of adolescence, it is more effective to eliminate the predictors, rather than the behaviors themselves. The focus is shifting to primary prevention involving early schooling and prevention of school failure, which are predictors for many problems such as substance use and delinquency (Dryfoos 1990). Intervention should be multifaceted because the problems often are. For adolescents, the best interventions involve school based social competence and health education throughout the school years (Dryfoos, 1990).

Successful interventions often involve the development of problem solving skills and life skills. This training is not targeted directly at any one specific problem, but is broad based to promote general adaptation and health (Hammond & Yung, 1993). Children need to learn problem solving skills at a young age so that they develop coping skills that do not include gateway drugs such as tobacco (Amos, 1992). Current intervention efforts in substance abuse deemphasize the dangers of gateway drugs, which adolescents are most vulnerable to (Berdiansky, 1991).

The goal of substance education is to decrease the use of tobacco, alcohol, and drugs. In order to effectively do so, the immediate effects and consequences of gateway drugs should be taught, rather than the long term effects (Berdiansky, 1991; Lowenstein, 1985). Education of both parents and adolescents is a very important component of intervention (Amos, 1992; Cates, 1991; Furniss, 1987; Lowenstein, 1985; Millstein, 1990; Regehr, 1990; Yarber, 1988).

Education has also been suggested as a powerful prevention strategy in suicide (Herring,

1990; Norton et al, 1989). Norton et al (1989) found that few adolescents have accurate information about suicide. In fact, most have misinformation about warning signs. Junior high students relate depression, but not mental illness to suicide (Domino et al, 1986-87). They understand that suicide can be viewed as an attention-getting attempt or cry for help, and seemed to be aware of the difficulties in identifying suicide risks (Domino et al, 196887).

Although education has been mentioned as a prevention strategy, there is much concern about the effectiveness of prevention programs. Lester (1992) noted that state government initiatives in suicide prevention are in general associated with lower rates of teen suicide, but student participation in school based prevention programs is associated with an increase in suicide rates. It is suggested that school programs may act to discourage suicidal students from seeking help (Lester, 1992). Likewise, an evaluation of an 18 month school suicide prevention program failed to find evidence of any program effect (Vieland, et al 1991).

Group counseling has also been suggested as an intervention strategy for suicidal adolescents and abuse (Algert & Norman, 1992; Cornman, 1989; Robertson & Mathews, 1989). Peer group counseling has been suggested as a possible intervention strategy wherein the role of the peer counselor is to act as group leader, facilitator, and liaison with parents (Herring, 1990; Morrison, 1987; Wodarski & Harris, 1987). In addition, life skills training is useful in substance abuse and delinquency prevention (Botvin & Tortu, 1988). Training focuses on communication, assertiveness, coping, and decision making skills. It has been noted that the most effective interventions emphasize problem solving and the enhancement of self control and self esteem (Simonds et al, 1991). Clinical interventions should focus on the family in terms of support and education; this is especially true in cases of abuse (Furniss, 1987; Regehr, 1990).

Summary and Conclusions

Many adolescents engage in high risk behaviors such as delinquency, substance use, promiscuity, and suicide. There are many studies that attempt to quantify the extent to which adolescents engage in these behaviors (Armistead et al, 1992; Cox et al., 1990; Dryfoos, 1991; Duckworth & DeJung, 1989; Farrell et al., 1992; Hammond & Yung, 1993; Menke, 1990; Miller & Slap, 1989; Sheley et al., 1992; Swadi, 1989; Watts & Wright, 1990; Williams & Gold, 1992; Windle, 1990; Windle & Barnes, 1988). There is a growing concern that teens need to be aware of the interventions available to them (Dubow et al., 1990; Kellam et al., 1981; Levine & Singer, 1988; McGee et al., 1990). However, there is little knowledge of adolescents' perceptions of these problems (Dubow et al., 1990). Although education can teach teens what support is available, teens will not seek help if they, themselves, do not perceive a problem. Therefore, more research is needed to survey adolescent attitudes toward the various high-risk behaviors, as well as determine how to promote help-seeking behaviors and positive youth development.

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